

Form No. 1

(1) PLACE OF BIRTH

County of Georgetown

Township of

UP

Inc. Town of

OF

City of Georgetown

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of Health

File No. — For State Registrar Only

3900

Registration District No. 21-11 Registered No. 1

(For use of Local Registrar)

(No. 1530 front St. 1 Ward)(2) Full Name of Child GERTRUDE AGNES JOHNSON

If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Girl(4) Twin or Triplet? 1

To be answered only in event of Twin or Triplet

(5) Number in order of birth 2nd(6) Are Parents Married? yes(7) DATE OF BIRTH Jan 22nd 1923
(Time of Month) (Day) (Year)

FATHER.

(8) FULL NAME HUGH RICHARD JOHNSON(9) PRESENT POSTOFFICE OF FATHER Georgetown - S. C.(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 28 (Year)(12) BIRTHPLACE Georgetown - S. C.(13) OCCUPATION Lumberman(14) Number of children born to mother, including present birth 2

MOTHER.

(14) NAME BEFORE MARRIAGE GERTRUDE CALEDONIA BOURNE(15) PRESENT POSTOFFICE OF MOTHER Georgetown - S. C.(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 20 (Year)(18) BIRTHPLACE Georgetown - S. C.(19) OCCUPATION House Keeping(20) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(21) I hereby certify that I attended the birth of this child, who was Born alive at 8³⁰ A. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(22) (Signature) W. M. Sallard - m(23) State whether Physician or Midwife Physician (24) Address of Physician or Midwife Georgetown SC

Given name added from a supplemental report

(25) Witness (Signature of Witness necessary only when question 23 is signed by mark)

(26) Filed Jan 23 1923 (27) Local Registrar

When there was no attending physician or midwife, then the father, householder, etc., should make this report. If a child breathes even once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.